The specification of which

UNITED STATES PATENT APPLICATION

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name: that

I verify believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventor are named below) of the subject mater which is claimed and for which a patient is excupt on the inventor entitled: METHOD AND APPARTUS FOR CONTROLLING AN IMPLANTABLE MEDICAL DEVICE IN RESPONSE TO THE PRESENCE OF A MAGNETIC FIELD AND/OR HIGH FREQUENCY RADIATION INTERFRENCE SIGNAL.

	The special and to which is a state of the property of the case of a PCT-filed application. Says filed onapplication serial nowas amended on (if applicable) (in the case of a PCT-filed application) described and claimed in international no filed and as amended on (if any), which I have reviewed and for which I solicit a United States patient.						
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.						
	I acknowledge the duty to disclose Regulations, §1.56(a).	duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal (a).					
I hereby claim foreign priority benefits under Title 35, United States Code, §119/365 of any foreign application(s) for patent of inve the state below and have also identified below any foreign application for patent or inventor's certificate having a filling date be application on the basis of which priority is claim.							
7	☐ no such applications have been filed. ☐ such applications have been filed as follows:						
Ď.							
	COUNTRY	APPLICATION NUMBER	DATE OF FILING	DATE OF ISSUE			
B							
age age	ALL FOREIGN APPLICATIONS, IF ANY, FILED BEFORE THE PRIORITY APPLICATION(S)						
1	COUNTRY	APPLICATION NUMBER	DATE OF FILING	DATE OF ISSUE			
100							
C							
: 30	I hereby claim the benefit under Title 35, United States Code, §120/365 of any United States and PCT international application(s) listed below and						

Insider as the subject matter of each of the claims of this application is not disclosed in the pior United States application. Inside the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material Information as defined in Title 37, Code of Federal Regulations, §156(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. APPLICATION NUMBER	DATE OF FILING	STATUS (patented, pending, abandoned)

^{§ 1.56} Duty of disclosure; fraud, striking or rejection of applications.

a. A day of careform and of the most of the processor of the most of the mo

4) I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark

Stephen W. Bauer	Reg. No. 32,192	Harold R. Patton	Reg. No. 22,157
Thomas G. Berry	Reg. No. 31,736	Michael C. Soldner	Reg. No. 41,455
Kenneth J. Collier	Reg. No. 34,982	Eric R. Waldkoetter	Reg. No. 36,713
Curtis D. Kinghorn	Reg. No. 33,926	Girma Wolde-Michael	Reg. No. 30,724
Daniel W. Latham	Reg. No. 30,401	Thomas F. Woods	Reg. No. 36,726
Beth L. McMahon	Reg. No. 41,987		-

Please direct all correspondence in this case to: GIRMA WOLDE-MICHAEL.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Г	Full Name of Inventor	FIRST NAME	MIDDLE INITIAL	LAST NAME
2		HERMANN	D.	FUNKE
0	Residence & Citizenship	CITY	STATE OR FOREIGN COUNTRY	COUNTRY of CITIZENSHIP
1		BONN	WEST GERMANY	
1	Post Office Address	POST OFFICE ADDRESS	CITY	STATE/ZIP/COUNTRY
		KANNHEIDEWEG 5	BONN	WEST GERMANY
SIGN	ATURE OF INVE	DATE:		
l				

X This is the final page of this declaration